

APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE LICENSE
Fayette County, Georgia

FOR OFFICIAL USE ONLY:

Date Received: _____, 20____

TYPE OF LICENSE:

Retail: _____

Pouring: _____

Fee Enclosed: _____

Cash: _____

Check No.: _____

Money Order: _____

State License No.: _____

Receipt No.: _____

Local License No.: _____

Denied by:

Approved by:

Date denied
Fayette County, Georgia

Date approved
Fayette County, Georgia

RENEWAL APPLICATION FOR COUNTY LICENSE AS DEALER/OPERATOR

Check all that apply:

RETAIL IN VINOUS LIQUOR SALES (WINE): _____

RETAIL IN MALT LIQUOR SALES (BEER): _____

ON PREMISES CONSUMPTION OF MALT LIQUORS (BEER): _____

ON PREMISES CONSUMPTION OF VINOUS LIQUORS (WINE): _____

ON PREMISES CONSUMPTION OF DISTILLED SPIRITS (ALCOHOL): _____

1. General Information of Business and Applicant

NAME OF BUSINESS

NAME OF APPLICANT

STREET NUMBER

PHONE NUMBER OF APPLICANT

CITY, STATE

ZIP CODE

APPLICANT'S SOCIAL SECURITY NUMBER

PHONE NUMBER OF BUSINESS

SEX: ____ F ____ M

2. Has any event occurred which would cause a change in any of the responses given on last year's Alcoholic License application? NO ____ YES ____
(Said changes include a change in ownership structure, management, financing, history of violation of Federal, State, Local, or other law, residence of applicant, etc.)

If yes, explain: _____

3. Criminal History Consent Form

I, _____, hereby consent to a criminal background check,
APPLICANT
run by the Fayette County Sheriff's Department/Marshal's Office, to investigate my criminal history. I understand that renewal of the alcoholic beverage license for the above property is conditioned upon the results of said investigation.

4. Attached hereto are personnel statements, completed and verified, for the applicant; each person, partnership, or corporation having greater than 2.5% ownership in the business; the members of any partnership, corporation, or other association possessing greater than 2.5% ownership in the business; all managers of the business and all employees of the business involved in the serving, pouring, bartending, or cashiering of sales for alcoholic beverages.

Number of Statements attached hereto. _____

I understand that a personnel statement must be included for each party named above regardless of change or lack thereof from a prior year's personnel statement. Initial here _____

**VERIFICATION
(MUST BE SIGNED BEFORE A NOTARY PUBLIC)**

STATE OF GEORGIA

_____ COUNTY

I, _____, do solemnly swear, subject to criminal penalties for
NAME OF APPLICANT (PRINT)

false swearing, that the statements and answers made by me to the foregoing questions in this renewal application for a Fayette County license as a dealer in alcoholic beverages and/or liquors are true, correct , based upon my personal knowledge, and no false or fraudulent statement or answer is made therein to procure the granting of such license.

APPLICANT'S SIGNATURE (FULL NAME IN INK)

This _____ day of _____, 20_____.

(AFFIX SEAL)

NOTARY PUBLIC

My Commission Expires: _____

Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Fayette County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Fayette County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Printed Name: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

* _____
Alien Registration number for non-citizens

Notary Public
My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien,” legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:
